

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

# 373  
Lobbyist's Registration Number**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808. (225) 765-8777 or (800) 342-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Hood, Jr. F. malcolm  
Last First Middle2. BUSINESS PHONE 225-344-8030ext. 11703. BUSINESS ADDRESS One American Place Baton Rouge, LA 70825  
Street and No. City State ZipMAILING ADDRESS same  
Street and No. City State Zip4. EMPLOYER Fm. Hood & Associates5. EMPLOYER'S ADDRESS same  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes        No       

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name TOTAL EXP USA, Inc.Address 800 Gessner, Suite 700 Houston, TX 77024Business or purpose chemicals New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of 12/31/06**FOR OFFICE USE ONLY**Postmark Date: 1-10-07LSUPP  
WMI **SCANNED**

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By     **10703**2001 JUL 11 PM 3:02  
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**SUPPLEMENTAL REGISTRATION FORM**Lobbyist's Registration Number  

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
 New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
 New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist